

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
61462504

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3	2		/			
4	2		/			
5	2		/			
6	2		/			
7	2		/			
8	2		/			
9	2		/			
10	2		/			
11	(0)		/			
12	/		/			
13	/		/			
14	/		/			
15	/		/			
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17	/		/			
18	/		/			
19	/		/			
20	/		/			
21	(0)		/			
22	/		/			
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24	(0)		/			
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TOTAL IND.			2			
TOTAL DEP.			23			
TOTAL CLAIMS			25			

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	IND.	DEP.	IND.	DEP.
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100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				